

**STATE OF GEORGIA
DEPARTMENT OF PUBLIC SAFETY**

APPLICATION FOR EXEMPTION TO THE WINDOW TINT LAW

Official Code of Georgia Annotated (OCGA) Section 40-8-73.1 prohibits the use of tinted windows with certain exceptions. One exception allows persons with a restrictive medical condition to operate or ride in a vehicle with tinted windows.

When approved by the Department of Public Safety, the approval copy of this completed document serves as authorization for exemption to the window tint law based on a restrictive medical condition. Each Application must have an attestation from a person licensed to practice medicine under Chapter 34 of Title 43 or a person certified as an optometrist under Chapter 30 of Title 43.

A **\$10.00** fee per application (Certified or Cashier's Check or Money Order). Return this form along with the required fee to the Department of Public Safety, Attention: Permit Section, P.O. Box 1456, Atlanta, Georgia 30371-2303

APPLICANT INFORMATION

Name: _____ Date of Birth: _____
First Middle Last

Mailing Address: _____ Driver's License No. _____

City, State, Zip: _____

If Applicant is under the age of 18, signature of parent or guardian: _____

Owner of vehicle (may be different than the above applicant):			
First	Middle	Last	D.O.B.

VEHICLE(S) DATA			
Year	Make	Vehicle Identification Number	License Plate Number

Note: This is an official document of the Department of Public Safety and signing this form verifies the information provided is true and correct. It is a felony to knowingly make any false or fictitious statement or entry on this form. If any such statement or entry is made the signatory will be subject to criminal prosecution under the laws of this state including, but not limited to OCGA 16-10-20.

ATTESTATION

I have personally examined the above applicant or habitual passenger and find that he/she suffers from (state medical reason):

and, as a result of said medical reasons, is required to be shielded from the direct rays of the sun, and for which eye protective devices will not provide adequate protection.

Typed or Printed Name of Physician/Optometrist: _____
(Circle One)

Georgia State License Number: _____

Physician/Optometrist Signature: _____ Date: _____
(Circle One)

Vehicle Owner Signature: _____ Date: _____

Habitual Occupant Signature: _____ Date: _____

This letter of exemption is valid for a period of four years from the approval date below and must be carried at all times in the vehicle described above. If the vehicle is sold, this waiver is not transferable, and this letter must be returned to the Department of Public Safety at the above address.

Signature of DPS Official: _____ Approval Date: _____

NOTE: 1. Nothing herein shall allow tinting of a windshield; 2. No tinting of window below 23% light transmission; 3. See attached Rules & Regulations.